

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13091

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY St. Francois

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Francois

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Randolph Twp. c. LENGTH OF STAY (in this place) 2 1/2

c. CITY OR TOWN Elvins d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION e. STREET ADDRESS (If rural, give location) RFD#1 0940

3. NAME OF DECEASED a. (First) ELIZA b. (Middle) J. c. (Last) HALLEY 4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Feb 3, 1866 9. AGE (In years) 88 IF UNDER 1 YEAR Months 2 IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Pope Co. Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME John Barger 13b. MOTHER'S MAIDEN NAME Elizabeth Ford 14. NAME OF HUSBAND OR WIFE Charles Halley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. George Williams, Rivermines, Mo ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular renal disease 9

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 442X 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Oct 19, 1953 to April 5, 1954 that I last saw the deceased alive on April 3, 1954, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Newton, M.D. 23b. ADDRESS Leadwood, Missouri 23c. DATE SIGNED 4/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April-9-1954 24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery 24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo

DATE REC'D BY LOCAL REG APR 7 1954 REGISTRAR'S SIGNATURE 289-0 Esther Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPARKS F. HOME Flat River, Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Murphy J. Sparks*.....

Licensed Embalmer No. *425*

P. O. Address *Hot River, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.